COMBINED DECLARA (Includes Reference to PCT Inte			APPLICATION AND I	OWER OF ATT	ORNEY		ATTORNEYS DOCKET NUMBER
(includes Reference to PC 1 line	Thational A	урисанову					PU3680US2
As below	w named	inventor. I here	by declare that:				
My residence, po	st office	address and citiz	zenship are as stated below next to my name.				
			ventor (if only one nam ct matter which is claim				
			ID COMPOSITIONS R NEXIN AND CARTIL				
the specification	of which	ı (check only one	item below):				
[]is attached her	reto.						
[x]was filed as on (if applicable)		States application	Serial No. 09/745989 o	n December 21, 20	000 and was a	mended	
[] was filed as I	PCT inter	rnational applicat	ion Number	on			
and was am	ended ur	nder PCT Article	19 on	(if app	licable).		
			derstand the contents of y referred to above.	the above-identific	ed specification	on, includi	ing the claims,
Regulations, §1.	56 and a	ll information wh	ation which is material t nich became available b tinuation-in-part applica	etween the filing o			
applications(s) for country other that	or patent in the Un or's certif	or inventor's cert nited States of An icate or any PCT	der Title 35, United Statificate or 365(a) of any nerica listed below and linternational application	PCT international have also identified	application(s) d below any for	designati oreign app	ing at least one olication(s) for
PRIOR FOREIGN/PCT	APPLI	CATION(S) AN	D ANY PRIORITY C	LAIMS UNDER	35 U.S.C. 119	:	
COUNTRY (if PCT indicate PCT			TION NUMBER		ATION DATE		PRIORITY CLAIMED
1.							
2.		7.1 05 TT '- 10		TT ': 10: :			<u> </u>
I hereby claim the benefit		itle 35, United St		<u> </u>		ication(s)	
Applicat 1. 60/173,692	ion No.			e (MM/DD/YYYY 2/29/1999	<u>) </u>		X
2.			1.	212311333		· · · · · · · · · · · · · · · · · · ·	
I hereby claim the benefit under the United States of America th application(s) in the manner pro in Title 37, Code of Federal Re- date of this application:	at is/are lis	ted below and, insoft he first paragraph of	ar as the subject matter of eac Title 35, United States Code,	h of the claims of this a §112, I acknowledge t	application is not he duty to disclo	disclosed in se material i	n that/those prior nformation as define
PRIOR U.S. APPLICATIONS	OR PCT	INTERNATIONAL	L APPLICATIONS DESIGN	NATING THE U.S. F	OR BENEFIT U	NDER 35 I	J.S.C. 120:
U.S. APPLICATION N			U.S. FILING DATE	PATENTED	PENDI		ABANDONED
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PCT APPLI	CATION	IS DESIGNATIN				 	
PCT APPLICATION NO.	PCT	FILING DATE	U.S.FILING NUMBERS ASSIGNED (if any)				

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY DOCKET No. PU3680US2 POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number) David J. Levy Reg. No. 27,655 James P. Riek Reg. No. 39,009 John L. Lemanowicz Reg. No. 37,380 Charles E. Dadswell Reg. No. 35,851 Reg. No. 37,092 Virginia C. Bennett Bonnie Deppenbrock Reg. No. 28,209 Karen L. Prus Reg. No. 39.337 Frank P Grassler Reg. No. 31,164 Elizabeth Selby Reg. No. 38,298 Reg. No. 36,094 Robert H. Brink Reg. No. 38,181 g. No. 36,344 Lorie Ann Morgan Send Correspondence to: Direct Telephone Calls to: David J. Levy, Patent Counsel Elizabeth Selby Global Intellectual Property Department 23347 Glavo Wellcome Inc. PHONE NO .: PATENT TRADEMARK OFFICE 919 483-3934 Five Moore Drive, PO Box 13398, Research Triangle Park, NC 27709 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that will ful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing **FULL NAME** FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL 2 OF INVENTOR **CHUBINSKAYA** Susan STATE OR FOREIGN COUNTRY **RESIDENCE &** CTIV COUNTRY OF CTIZENSHIP 0 CITIZENSHIP Vernon Hills IL POST OFFICE POST OFFICE ADDRESS C/o Rush-CITY STATE & ZIP CODE/COUNTRY 1 ADDRESS Presbyterian St. Luke's Medical Chicago IL, 600612 US Center, 1653 W. Congress Parkway Clubinstay 201 **SIGNATURE** DATE: 01/25 FAMILY NAME **FULL NAME** SECOND GIVEN NAME/INITIAL 2 OF INVENTOR **HUTCHINS** Jeff. RESIDENCE & STATE OR FOREIGN COUNTRY CITY COUNTRY OF CITIZENSHIP 0 CITIZENSHIP Chapel Hill NC US POST OFFICE POST OFFICE ADDRESS CTTY STATE & ZIP CODE/COUNTRY 309 Colony Woods Drive **Chapel Hill ADDRESS** NC 27514 NC 202 **SIGNATURE** DATE: FAMILY NAME SECOND GIVEN NAME/INITIAL **FULL NAME** FIRST GIVEN NAME 2 **MOLLENHAUER** OF INVENTOR Juergen RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITY 0 **CITIZENSHIP** Eisenberg Germany Germany POST OFFICE POST OFFICE ADDRESS C/o University of STATE & ZIP CODE/COUNTRY ary 3 **ADDRESS** Jena, Waldkrankenhaus "Rudolf Elle", Eisenberg Germany D-07607 Klosterlausnitzer Street 81 203 SIGNATURE DATE: FAMILY NAME 2 FIRST GIVEN NAME FULL NAME SECOND GIVEN NAME/INITIAL OF INVENTOR **TAVARES Francis** 0 RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CTITZENSHIP CITIZENSHIP Durham NC India 4 POST OFFICE POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY C/o Glaxo Wellcome Inc., Five Moore Research Triangle Park NC 27709 US **ADDRESS** Drive, PO Box 13398 204 **SIGNATURE** DATE: 2 **FULL NAME** FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL OF INVENTOR THOMSON Stephen 0 STATE OR FOREIGN COUNTRY **RESIDENCE &** CTIY COUNTRY OF CITIZENSHIP CITIZENSHIP Durham POST OFFICE ADDRESS 5 POST OFFICE CTTY STATE & ZIP CODE/COUNTRY C/o Glaxo Wellcome Inc., Five Moore ADDRESS Research Triangle Park NC 27709 US Drive, PO Box 13398 205 **SIGNATURE** DATE: FAMILY NAME FIRST GIVEN NAME 2 **FULL NAME** SECOND GIVEN NAME/INITIAL OF INVENTOR WORLEY Jennings STATE OR FOREIGN COUNTRY 0 RESIDENCE & COUNTRY OF CITIZENSHIP CITIZENSHIP Durham POST OFFICE ADDRESS 6 POST OFFICE STATE & ZIP CODE/COUNTRY C/o Glazo Wellcome Inc., Five Moore Research Triangle Park ADDRESS NC 27709 US Drive, PO Box 13398 206 **SIGNATURE** DATE:

Dav Cha Kare Rob	riad Tracemark Official J. Levy, rles E. Dadswell en L. Prus ert H. Brink David J. Levy, Pat Global Intellectual Glaxo Wellcome Ir Five Moore Drive, Research Triangle I hereby declare that true; and further tha imprisonment, or bo	Reg. No. 27,655 Jarr Reg. No. 35,851 Vir. Reg. No. 39,337 Frai Reg. No. 36,094 Chr ent Counsel Property Department ic. PO Box 13398, Park, NC 27709 t all statements made herein of my own knet these statements were made with the known to the statement t	provided from the provided states and that all statements and that such willful false states and that such willful false states.	John L. Lemanowicz Reg. No. 37,380 Bonnie Deppenbrock Reg. No. 28,209 Elizabeth Selby Reg. No. 38,298 Lorie Ann Morgan Reg. No. 38,181 Direct Telephone Calls to: Elizabeth Selby PHONE NO.: 919 483-3934 Jade on information and belief are believed to the like so made are punishable by fine or allse statements may jeopardize the validity of
Chair Kare Rob Send Co	rles E. Dadswell en L. Prus ert H. Brink Drrespondence to: David J. Levy, Pate Global Intellectual Glaxo Wellcome In Five Moore Drive, Research Triangle I hereby declare tha imprisonment, or be application or any p FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP	Reg. No. 35,851 Vir Reg. No. 39,337 Frai Reg. No. 36,094 Chr ent Counsel Property Department nc. PO Box 13398, Park, NC 27709 t all statements made herein of my own king these statements were made with the knowth, under section 1001 of Title 18 of the Uatent issuing thereon. FAMILY NAME	ginia C. Bennett Reg. No. 37,092 nk P.Grassler Reg. No. 31,164 istopher P. Rogers Reg. No. 36,344 owledge are true and that all statements m wledge that willful false statements and th inited States Code, and that such willful fa	Bonnie Deppenbrock Reg. No. 28,209 Elizabeth Selby Reg. No. 38,298 Lorie Ann Morgan Reg. No. 38,181 Direct Telephone Calls to: Elizabeth Selby * PHONE NO.: 919 483-3934 adde on information and belief are believed to to the like so made are nunishable by fine or
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Rob Send Co	pert H. Brink Dirrespondence to: David J. Levy, Pate Global Intellectual Glaxo Wellcome Ir Five Moore Drive, Research Triangle I hereby declare that true; and further that imprisonment, or be application or any p FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP	Reg. No. 36,094 Chr ent Counsel Property Department nc. PO Box 13398, Park, NC 27709 t all statements made herein of my own knet these statements were made with the knowth, under section 1001 of Title 18 of the U atent issuing thereon. FAMILY NAME	owledge are true and that all statements m wledge that willful false statements and the inited States Code, and that such willful fa	Elizabeth Selby Reg. No. 38,298 Lorie Ann Morgan Reg. No. 38,181 Direct Telephone Calls to: Elizabeth Selby PHONE NO.: 919 483-3934 adde on information and belief are believed to to the like so made are nunishable by fine or
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2 0	David J. Levy, Pate Global Intellectual Glaxo Wellcome In Five Moore Drive, Research Triangle I hereby declare that true; and further that imprisonment, or be application or any p FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP	ent Counsel Property Department ac. PO Box 13398, Park, NC 27709 t all statements made herein of my own known the statements were made with the known th, under section 1001 of Title 18 of the U atent issuing thereon. FAMILY NAME	wledge that willful false statements and th inited States Code, and that such willful fa	PHONE NO.: 919 483-3934 ade on information and belief are believed to the like so made are nunishable by fine or
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0	RESIDENCE & CITIZENSHIP	I CHUDHISKA I A	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
Ī	CITIZENSHIP		Susan	
Ì		CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
,	POST OFFICE	Vernon Hills	IL	US
1 1		POST OFFICE ADDRESS C/o Rush-	CITY	STATE & ZIP CODE/COUNTRY
. 1	ADDRESS	Presbyterian St. Luke's Medical	Chicago	IL, 600612 US
		Center, 1653 W. Congress Parkway		
201	SIGNATURE			DATE:
				DAIE:
_	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	HUTCHINS	Jeff	
i	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP	Chapel Hill	NC NC	US
Ì	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	309 Colony Woods Drive	Chapel Hill	NC 27514 NC
202	SIGNATURE	2.12 1+1	······································	
	DIGITATORE	AMT. Antohnis		DATE: 1/31/2001
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	
2		MOLLENHAUER		SECOND GIVEN NAME/INITIAL
²	OF INVENTOR		Juergen	
.	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP	Eisenberg	Germany	Germany
	POST OFFICE	POST OFFICE ADDRESS C/o Unversity of	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	Jena, Waldkrankenhaus "Rudolf	Eisenberg	Germany D-07607
		Elle", Klosterlausnitzer Street 81		_
203	SIGNATURE			DATE:
				DATE:
2	FULL NAME	FAMILY NAME	T FIRST ON THE VALLE	
4	~	TAVARES	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
, l	OF INVENTOR		Francis	X.
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	India
4	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	C/o Glaxo Wellcome Inc., Five Moore	Research Triangle Park	NC 27709 US
		Drive, PO Box 13398		
204	SIGNATURE			DATE:
İ				DATE.
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
-	OF INVENTOR	THOMSON	Stephen	A.
o F	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	l l
١ ١	CITIZENSHIP	Durham	NC	COUNTRY OF CITIZENSHIP
5		POST OFFICE ADDRESS	CITY	US
٠	POST OFFICE ADDRESS	C/o Glaxo Wellcome Inc., Five Moore		STATE & ZIP CODE/COUNTRY
	ADDRESS	Drive, PO Box 13398	Research Triangle Park	NC 27709 US
305	CICNIATION	Dive, 1 O Box 13378		
205	SIGNATURE			DATE:
- 1				
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
- [OF INVENTOR	WORLEY	Jennings	
0		CITY		F.
١ ١	RESIDENCE &	Durham	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
,	CITIZENSHIP		NC	US
6	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	C/o Glaxo Wellcome Inc., Five Moore	Research Triangle Park	NC 27709 US
 +	070711====	Drive, PO Box 13398	<u> </u>	
206	SIGNATURE			DATE:

ОМВІ	NED DECLARATIO	N FOR PATENT APPLICATION AND	POWER OF ATTORNEY	DOCKET No. PU3680US2
OWER	R OF ATTORNEY: A	As a named inventor, I hereby appoint the f	ollowing attorney(s) and/or agent(s) to pro	secute this application and transact all business
	vid J. Levy	Reg. No. 27,655 Larr	•	Tabuli I
	arles E. Dadswell	•	es P. Riek Reg. No. 39,009 ginia C. Bennett Reg. No. 37,092	John L. Lemanowicz Reg. No. 37,380 Bonnie Deppenbrock Reg. No. 28,209
Karen L. Prus			nk P.Grassler Reg. No. 31,164	Elizabeth Selby Reg. No. 38,298
Ro	bert H. Brink	Reg. No. 36,094 Chr	istopher P. Rogers Reg. No. 36,344	Lorie Ann Morgan Reg. No. 38,181
end C	correspondence to:			Direct Telephone Calls to:
	David J. Levy, Pat	ent Counsel		Elizabeth Selby
		Property Department		• •
	Glaxo Wellcome Ir			PHONE NO.:
	Five Moore Drive,	· · · · · · · · · · · · · · · · · · ·		919 483-3934
	Research Triangle	t all statements made herein of my our know	nyladaa ara taya and that all atata	de on information and belief are believed to be
	true; and further tha	t these statements were made with the know	whedge are true and that all statements may	like so made are punishable by fire
	imprisonment, or bo	oth, under section 1001 of Title 18 of the U	nited States Code, and that such willful fa	lse statements may jeopardize the validity of the
	application or any p	atent issuing thereon.		or and the property of the
_	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHUBINSKAYA	Susan	
^	RESIDENCE &	Vormen Hills	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP	Vernon Hills	IL	US
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS C/o Rush- Presbyterian St. Luke's Medical	Chicago	STATE & ZIP CODE/COUNTRY
•	ADDRESS	Center, 1653 W. Congress Parkway	Chicago	IL, 600612 US
201	SIGNATURE	Cougiess Faikway		
.01	SIGNATURE			DATE:
	FULL NAME	FAMILY NAME	FIRST CHEN WAS TO	
2	OF INVENTOR	HUTCHINS	FIRST GIVEN NAME Jeff	SECOND GIVEN NAME/INITIAL
-	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP	Chapel Hill	NC	US
-	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	309 Colony Woods Drive	Chapel Hill	NC 27514 NC
02	SIGNATURE			DATE:
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	
2	OF INVENTOR	MOLLENHAUER	Juergen	SECOND GIVEN NAME/INITIAL
~	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP	Eisenberg	Germany	Germany
	POST OFFICE	POST OFFICE ADDRESS C/o Unversity of	СПУ	STATE & ZIP CODE/COUNTRY
3	ADDRESS	Jena, Waldkrankenhaus "Rudolf	Eisenberg	Germany D-07607
		Elle", Klosterlausnitzer Street 81		
203	SIGNATURE	Juny Mille	DATE: 1/25/2001	
				1/25/2001
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
^	OF INVENTOR	TAVARES	Francis	X.
0	RESIDENCE & CITIZENSHIP	Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP
4	POST OFFICE	POST OFFICE ADDRESS	CITY	India STATE & ZIP CODE/COUNTRY
•	ADDRESS	C/o Glaxo Wellcome Inc., Five Moore	Research Triangle Park	NC 27709 US
		Drive, PO Box 13398		110 21 109 03
204	SIGNATURE			DATE:
				DAIE.
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
^	OF INVENTOR	THOMSON	Stephen	Α.
0	RESIDENCE &	CITY Durham	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
5	CITIZENSHIP POST OFFICE	POST OFFICE ADDRESS	NC CITY	US
,	ADDRESS	C/o Glaxo Wellcome Inc., Five Moore	Research Triangle Park	STATE & ZIP CODE/COUNTRY
	1	Drive, PO Box 13398	Mesearch Friangic Park	NC 27709 US
				DATE:
05	SIGNATURE			: A/A B B B/A
05	SIGNATURE			
	SIGNATURE FULL NAME	FAMILY NAME	FIRST GIVEN NAME	
	FULL NAME OF INVENTOR	FAMILY NAME WORLEY	1	SECOND GIVEN NAME/INITIAL
	FULL NAME OF INVENTOR RESIDENCE &	CITY	FIRST GIVEN NAME Jennings STATE OR FOREIGN COUNTRY	SECOND GIVEN NAME/INITIAL F.
2	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP	WORLEY CITY Durham	Jennings	SECOND GIVEN NAME/INITIAL
	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE	WORLEY CITY Durham POST OFFICE ADDRESS	Jennings STATE OR FOREIGN COUNTRY NC CITY	SECOND GIVEN NAME/INITIAL F. COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY
2	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP	WORLEY CITY Durham POST OFFICE ADDRESS C/o Glaxo Wellcome Inc., Five Moore	Jennings STATE OR FOREIGN COUNTRY NC	SECOND GIVEN NAME/INITIAL F. COUNTRY OF CITIZENSHIP US
2	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE	WORLEY CITY Durham POST OFFICE ADDRESS	Jennings STATE OR FOREIGN COUNTRY NC CITY	SECOND GIVEN NAME/INITIAL F. COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY

WER	OF ATTORNEY: A	N FOR PATENT APPLICATION AND	POWER OF ATTORNEY	DOCKET No. PU3680US2 osecute this application and transact all busing
Paten	t and Trademark Office	ce connected therewith. (List name and reg	istration number)	osecute this application and transact all busing
	rid J. Levy	Reg. No. 27,655 Jam	es P. Riek Reg. No. 39,009	John L. Lemanowicz Reg. No. 37,380
	ırles E. Dadswell		ginia C. Bennett Reg. No. 37,092	Bonnie Deppenbrock Reg. No. 28,209
	en L. Prus		k P.Grassler Reg. No. 31,164	Elizabeth Selby Reg. No. 38,298
Rot	ert H. Brink	Reg. No. 36,094 Chri	stopher P. Rogers Reg. No. 36,344	Lorie Ann Morgan Reg. No. 38,181
nd C	orrespondence to:			Direct Telephone Calls to:
	David J. Levy, Pate	ent Counsel		Elizabeth Selby
		Property Department		*
	Glaxo Wellcome In			PHONE NO.:
	Five Moore Drive,		•	919 483-3934
	Research Triangle	Park, NC 27709		
	i nereby deciare ina	t all statements made herein of my own kno	wiedge are true and that all statements m	ade on information and belief are believed to
	imprisonment or bo	t these statements were made with the know	vieuge that willful false statements and th	e like so made are punishable by fine or lse statements may jeopardize the validity of
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	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHUBINSKAYA	Susan	SECOND GIVEN NAMEDINITIAL
-	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP	Vernon Hills	IL	US
-	POST OFFICE	POST OFFICE ADDRESS C/o Rush-	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	Presbyterian St. Luke's Medical	Chicago	IL, 600612 US
-		Center, 1653 W. Congress Parkway	,	1, 00012 00
01	SIGNATURE	, cong. too r arminay		DATE
V.	SIGNATURE			DATE:
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	HUTCHINS	Jeff	
_	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP	Chapel Hill POST OFFICE ADDRESS	NC	US
_	POST OFFICE	309 Colony Woods Drive	Charal Hill	STATE & ZIP CODE/COUNTRY
2	ADDRESS	30) Colony 11 dous Brite	Chapel Hill	NC 27514 NC
02	SIGNATURE			DATE:
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MOLLENHAUER	Juergen	
	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP	Eisenberg	Germany	Germany
	POST OFFICE	POST OFFICE ADDRESS C/o Unversity of	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	Jena, Waldkrankenhaus "Rudolf Elle", Klosterlausnitzer Street 81	Eisenberg	Germany D-07607
03	SIGNATURE	1		DATE: 03/05/01
		Hamin Tarons		3,705,707
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	TAVARES	Francis	X.
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	India
4	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	C/o Glaxo Wellcome Inc., Five Moore	Research Triangle Park	NC 27709 US
		Drive, PO Box 13398	<u> </u>	
04	SIGNATURE			DATE:
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	THOMSON	Stephen	Α.
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC .	US
5	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	C/o Glaxo Wellcome Inc., Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709 US
05	SIGNATURE			DATE:
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	WORLEY	Jennings	F.
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY Description of a Paul	STATE & ZIP CODE/COUNTRY
6	ADDRESS	C/o Glaxo Wellcome Inc., Five Moore	Research Triangle Park	NC 27709 US
6 06		Drive, PO Box 13398	Research Triangle Park	DATE:

		FOR PATENT APPLICATION AND P		DOCKET No. PU3680US2
OWER	OF ATTORNEY: A	s a named inventor, I hereby appoint the fol	llowing attorney(s) and/or agent(s) to pro	secute this application and transact all busines
		e connected therewith. (List name and regis		John I. Lamonousian Roy No. 27 200
	id J. Levy		s P. Riek Reg. No. 39,009 inia C. Bennett Reg. No. 37,092	John L. Lemanowicz Reg. No. 37,380 Bonnie Deppenbrock Reg. No. 28,209
	rles E. Dadswell	5		
	en L. Prus	8	k P.Grassler Reg. No. 31,164	, ,
	ert H. Brink	Reg. No. 36,094 Chris	topher P. Rogers Reg. No. 36,344	Lorie Ann Morgan Reg. No. 38,181
end Co	orrespondence to:			Direct Telephone Calls to:
	David J. Levy, Pate	nt Counsel		Elizabeth Selby
	Global Intellectual	Property Department		
	Glaxo Wellcome In	c.		PHONE NO.:
	Five Moore Drive, I	PO Box 13398,		919 483-3934
	Research Triangle	Park, NC 27709		
	I hereby declare that	all statements made herein of my own known	wledge are true and that all statements m	ade on information and belief are believed to b
	true; and further that	these statements were made with the know	ledge that willful false statements and th	e like so made are punishable by fine or
	imprisonment, or bot	th, under section 1001 of Title 18 of the Un	ited States Code, and that such willful fa	lse statements may jeopardize the validity of the
	application or any pa	atent issuing thereon.		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHUBINSKAYA	Susan	
-	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP	Vernon Hills	IL	US
U			CITY	STATE & ZIP CODE/COUNTRY
	POST OFFICE	POST OFFICE ADDRESS C/o Rush-	Chicago	IL, 600612 US
1	ADDRESS	Presbyterian St. Luke's Medical	Cincago	12,000012 00
		Center, 1653 W. Congress Parkway	<u> </u>	
201	SIGNATURE			DATE:
	1			1
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	HUTCHINS	Jeff	
2		CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	RESIDENCE &		NC	US
0	CITIZENSHIP	Chapel Hill	CITY	STATE & ZIP CODE/COUNTRY
	POST OFFICE	POST OFFICE ADDRESS 309 Colony Woods Drive		NC 27514 NC
2	ADDRESS	309 Cololly Woods Drive	Chapel Hill	
202	SIGNATURE			DATE:
			FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	FULL NAME	FAMILY NAME		SECOND GIVEN NAMEZINITIAL
2	OF INVENTOR	MOLLENHAUER	Juergen	
	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP	Eisenberg	Germany	Germany
	POST OFFICE	POST OFFICE ADDRESS C/o Unversity of	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	Jena, Waldkrankenhaus "Rudolf	Eisenberg	Germany D-07607
		Elle", Klosterlausnitzer Street 81	<u> </u>	
203	SIGNATURE			DATE:
200	SIGNATURE .			
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
Z	OF INVENTOR	TAVARES	Francis	x.
•			STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	Durham	NC	India
	CITIZENSHIP	Durham		STATE & ZIP CODE/COUNTRY
4	POST OFFICE	POST OFFICE ADDRESS C/o Glaxo Wellcome Inc., Five Moore	CITY Descend Triangle Pork	
	ADDRESS	1 = ·	Research Triangle Park	NC 27709 US
	L	Drive, PO Box 13398	<u> </u>	+ D + CD
204	SIGNATURE			DATE:
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
-	OF INVENTOR	THOMSON	Stephen	A.
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
J	CITIZENSHIP	Durham	NC .	US
5	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
,	ADDRESS	C/o Glaxo Wellcome Inc., Five Moore	Research Triangle Park	NC 27709 US
	ADDRESS	Drive, PO Box 13398		
	SIGNATURE	100		DATE: -2/1/2 /
205	SIGNATURE	1 Dada Al		DATE: 3///o/
205	1	/ / / / / / / / / / / / / / / / / / /		5,7,7 6 ,
205	1	1/0 / / /	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
205	FULL NAME	FAMILY NAME		
		PAMILY NAME WORLEY	Jennings	F.
2	OF INVENTOR		Jennings STATE OR FOREIGN COUNTRY	F. COUNTRY OF CITIZENSHIP
	OF INVENTOR RESIDENCE &	WORLEY	STATE OR FOREIGN COUNTRY	I
0	OF INVENTOR RESIDENCE & CITIZENSHIP	WORLEY CITY Durham	Jennings STATE OR FOREIGN COUNTRY NC CITY	COUNTRY OF CITIZENSHIP
2	OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE	WORLEY	STATE OR FOREIGN COUNTRY NC CITY	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY
0	OF INVENTOR RESIDENCE & CITIZENSHIP	WORLEY CITY Durham POST OFFICE ADDRESS C/o Glaxo Wellcome Inc., Five Moore	STATE OR FOREIGN COUNTRY NC CITY	COUNTRY OF CITIZENSHIP US
0	OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE	WORLEY CITY Durham POST OFFICE ADDRESS	STATE OR FOREIGN COUNTRY NC CITY	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY

		N FOR PATENT APPLICATION AND I		DOCKET No. PU3680US2
		s a named inventor, I hereby appoint the to econnected therewith. (List name and regi		secute this application and transact all busines
	id J. Levy	,	es P. Riek Reg. No. 39,009	John L. Lemanowicz Reg. No. 37,380
	rles E. Dadswell	•	inia C. Bennett Reg. No. 37,092	Bonnie Deppenbrock Reg. No. 28,209
Kar	en L. Prus	Reg. No. 39,337 Fran	k P.Grassler Reg. No. 31,164	Elizabeth Selby Reg. No. 38,298
Rot	ert H. Brink		stopher P. Rogers Reg. No. 36,344	Lorie Ann Morgan Reg. No. 38,181
and C	orrespondence to:			Direct Telephone Calls to:
chu C	David J. Levy, Pate	nt Counsel		Elizabeth Selby
		Property Department		*
	Glaxo Wellcome In			PHONE NO.:
	Five Moore Drive,			919 483-3934
	Research Triangle			
			swiedge are true and that all statements m	ade on information and belief are believed to
		these statements were made with the know		
				alse statements may jeopardize the validity of t
		atent issuing thereon.		, , , , , , , , , , , , , , , , , , ,
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHUBINSKAYA	Susan	
2	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP	Vernon Hills	IL	US
v	POST OFFICE	POST OFFICE ADDRESS C/o Rush-	CITY	STATE & ZIP CODE/COUNTRY
	1 1			IL, 600612 US
1	ADDRESS	Presbyterian St. Luke's Medical	Chicago	112, 000012 03
		Center, 1653 W. Congress Parkway	<u> </u>	
201	SIGNATURE			DATE:
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	HUTCHINS	Jeff	
L	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP	Chapel Hill	NC	US
U		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	POST OFFICE	309 Colony Woods Drive	Chapel Hill	NC 27514 NC
2	ADDRESS	305 Colony Woods Drive	Chapei Hill	NC 2/514 NC
202	SIGNATURE			DATE:
	1			
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MOLLENHAUER	Juergen	
	RESIDENCE &	СТТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP	Eisenberg	Germany	Germany
-	POST OFFICE	POST OFFICE ADDRESS C/o Unversity of	СПУ	STATE & ZIP CODE/COUNTRY
3	ADDRESS	Jena, Waldkrankenhaus "Rudolf	Eisenberg	Germany D-07607
-	1.001.000	Elle", Klosterlausnitzer Street 81		
203	CICNATUDE	2 , 1	<u> </u>	DATE
203	SIGNATURE			DATE:
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	TAVARES	Francis	X.
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	India
4	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	C/o Glaxo Wellcome Inc., Five Moore	Research Triangle Park	NC 27709 US
		Drive, PO Box 13398	<u> </u>	
204	SIGNATURE			DATE:
•				DAIL.
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2		THOMSON	Stephen	l .
۸	OF INVENTOR		STATE OR FOREIGN COUNTRY	A. COUNTRY OF CITTZENSHIP
0	RESIDENCE &	CITY	2	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
5	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	C/o Glaxo Wellcome Inc., Five Moore	Research Triangle Park	NC 27709 US
		Drive, PO Box 13398	<u> </u>	
205	SIGNATURE			DATE:
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
4		WORLEY	Jennings	F.
•	OF INVENTOR	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	Durham	NC	
,	CITIZENSHIP			US
6	POST OFFICE	POST OFFICE ADDRESS C/o Glaxo Wellcome Inc., Five Moore	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS		Research Triangle Park	NC 27709 US
201		Drive, PO Box 13398		
30 <i>(</i>	SIGNATURE			DATE:
206				31-591-2001